

# STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee  
Metropolitan Hospital Council PAC Inc.  
2450 Severn Ave.  
Suite 210  
Metairie LA 70001

2. Date of this Statement  
01/17/2014

3. Estimated Membership  
0

4. Amended Statement?

Yes ☒ No

Check if new committee ☐

PAC  
S/O  
4/7

# 86850  
# 0073



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2014 APR -8 AM 9:46

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

6. Affiliated Organizations  
(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee.)

Name	Address	Relationship to Committee

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name	Address

Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ☐ Principal Campaign Committee ☐ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

Dated 01/17/2014

Paul A. Salles

Signature of Committee Chairperson

Daytime Telephone Number

Patricia T. Jeter

Signature of Committee Treasurer, if any

Daytime Telephone Number

**Affiliated Persons / Organizations**

3 / 3

**Name and Address of** Person Preparing Report

William C. Potter  
8550 United Plaza Blvd.  
Suite 1001  
Baton Rouge

LA 70809

Chairperson:

**Candidate Information****Office Sought** (Include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm:

**Name and Address of** Treasurer

Patricia T. Jeter  
9521 Brookline Ave.

Baton Rouge

LA 70809

Chairperson:

**Candidate Information****Office Sought** (Include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm:

**Name and Address of** Financial Institution

Iberia Bank  
3700 Essen Lane

Baton Rouge

LA 70809

Chairperson:

**Candidate Information****Office Sought** (Include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm:

**Name and Address of** Chair Person

Paul A. Salles  
2450 Severn Ave.  
Suite 210  
Metairie

LA 70001

Chairperson:

**Candidate Information****Office Sought** (Include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm: